This is the Polished Report as it exists in the script for Episode 017b.

Connecticut Naturopathic Practitioners Comprehensive Science & Ethics Analysis Report:

Analysis of 107 Practitioner Reports

"January 10, 2026

[To submit to the] Connecticut Department of Public Health

[context] Evidence-Based Analysis.

A systematic critical evaluation of marketing claims, diagnostic methods, and therapeutic assertions against current medical science and professional ethics standards.

Executive Summary

This report synthesizes findings from 107 individual science and ethics reports evaluating Connecticut-licensed naturopathic physicians, identifying systematic patterns of problematic practices across three major categories of errors.

- 45 Distinct Finding Categories
- 107 Practitioners Analyzed
- 96% With Informed Consent Gaps

Major Findings

Critical Finding:

While Connecticut's naturopathic licensing framework establishes minimum educational and examination standards, it does not prevent practitioners from operating outside evidence-based medicine and does not validate clinical claims.

The regulatory system is self-regulated (naturopaths control licensing boards), creating structural conflicts of interest.

Three Categories of Errors

1. System Errors (15 distinct types)

Misuse of scientific language and unvalidated diagnostic testing:

- False appropriation of 'evidence-based' label despite promoting modalities without scientific support; appropriation of functional medicine terminology; 'root cause' oversimplification;

vitalistic language; vague physiological concepts; marketing 'advanced diagnostics' for unvalidated tests; precision medicine appropriation.

2. Clinical Errors (16 distinct types):

Promotion of unsupported therapies and treatment of conditions beyond demonstrated scope:

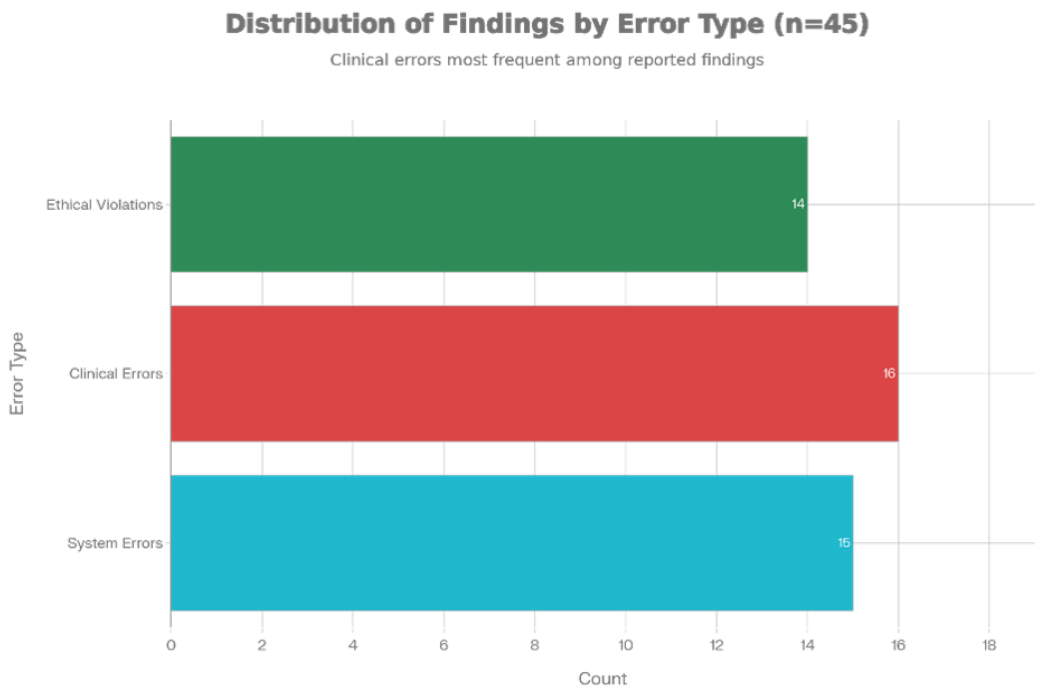
- Eight unsupported therapeutic modalities (homeopathy, craniosacral therapy, LDI, SOT, Maya abdominal therapy, Bach flowers, somatic release, blood type diet); eight serious conditions treated beyond evidence-based scope; eight categories of unvalidated diagnostic testing.

3. Ethical Violations (14 distinct types)

Scope overreach; financial conflicts of interest; informed consent failures; vulnerable population targeting:

- Financial conflicts of interest (92% of reports); marketing as primary care without prescriptive authority (80%); specialty claims without board certification (69%); targeting vulnerable populations (76%); absence of informed consent (96%); testimonial-based outcomes without objective measures (83%); vaccine discouragement (6%); scope creep (74%).

[chart 1 – 'error distribution']



Distribution of 45 Distinct Finding Types Across Three Error Categories

Key Quantitative Findings

Metric	Value	Percentage	Significance
Total Reports Analyzed	107	100%	Connecticut licensed naturopaths
Absence of Informed Consent	103	96%	No disclosure of unproven status
Financial Conflicts of Interest	98	92%	Sell supplements /procedures ordered
Testimonial-Based Outcomes	89	83%	No objective outcome measurement
Serious Condition Scope Violations	89	83%	Treat autoimmune / Lyme / fertility / etc. beyond scope
Marketing as Primary Care	86	80%	Despite legal prohibition in CT [checked; erring on the side of safety, law regards NDs as specialists, e.g. “because naturopaths are licensed under a different chapter, and CT law penalizes both (a) unlicensed practice of medicine and (b) fraudulent or materially deceptive conduct in professional activities, advertising that implies MD / DO licensure, or an unrestricted primary-care scope equivalent to Chapter 370 physicians, {which I feel they do} would likely be considered impermissible.” They must feel vulnerable in this area because their next language changes for the late 2020s includes explicit PCP language.]
Targeting Vulnerable Populations	81	76%	Infertility, chronic disease, autism patients

Specialty Claims Without Credentials	74	69%	No board certification in claimed specialty

Cost Structure

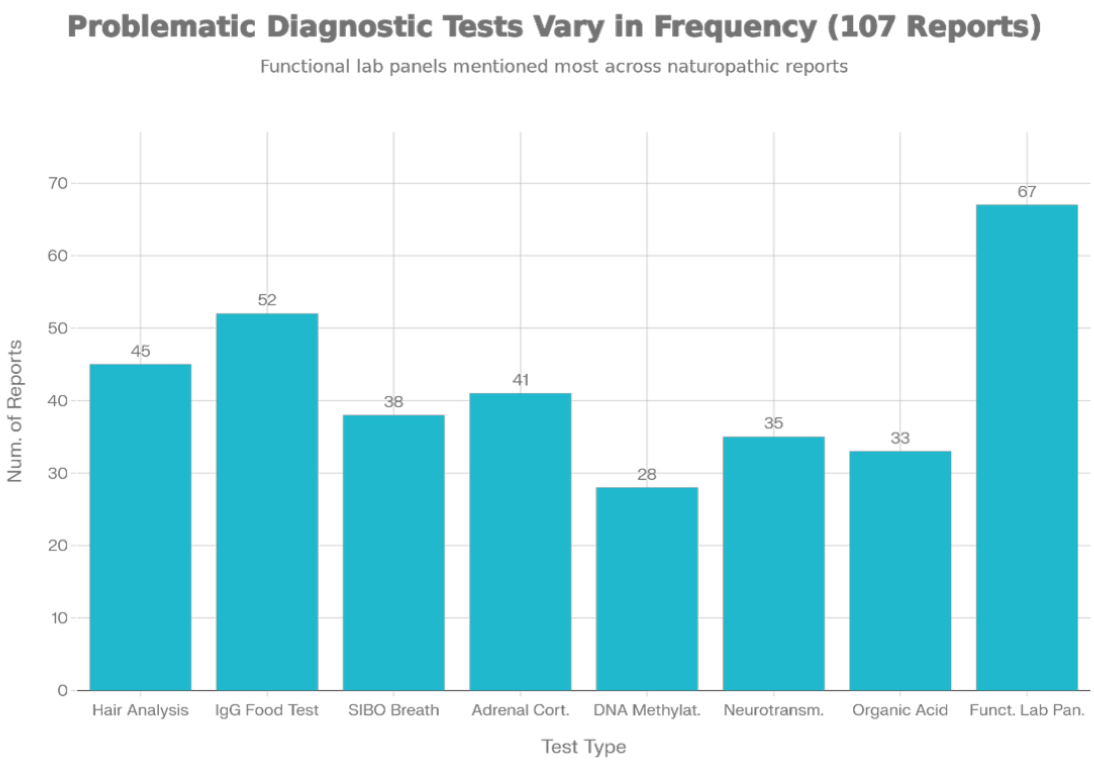
- Initial Visit Cost: $400-$500 for 60-90 minutes
- Specialty Panel Tests: Billed separately, often $300-$800+ per panel
- In-House Supplements: Marked-up retail pricing
- Procedures (HBOT, IV): High-margin services sold direct

Diagnostic Testing Patterns

Diagnostic Test	Diagnostic Test Count	%	Clinical Validation
Functional Lab Panels	67	63%	No Evidence
IgG Food Sensitivity Testing	52	49%	No Evidence
Hair Analysis (Heavy Metals)	45	42%	Weak
Adrenal Cortisol Testing	41	41	Weak
Organic Acid Testing	33	31%	No Evidence
Neurotransmitter Testing	35	33%	No Evidence
SIBO Breath Testing	38	36%	Weak
DNA Methylation Testing	28	26%	Weak

These tests lack clinical validation but generate significant revenue and may result in unnecessary treatments, dietary restrictions, and patient anxiety.

[table ‘problematic diagnostic tests vary in frequency’]



Unsupported Therapies Analysis

Evidence-Free Modalities in Clinical Use

Therapy	Report (n=107)	%	Evidence Status	Key Finding
Homeopathy	89	83%	No Evidence	Ultra-dilutions beyond any molecules present; Cochrane reviews show no efficacy beyond placebo
Bach Flower Remedies	67	63%	No Evidence	No plausible mechanism; systematic reviews find no effect above placebo
Low-Dose Immunotherapy (LDI)	52	49%	No Evidence	No large RCTs; molecular mimicry target unproven; no evidence for autoimmunity or Lyme
Craniosacral Therapy (CST)	44	41%	No Evidence	2024 meta-analyses: no efficacy beyond placebo; mechanism contradicts physiology

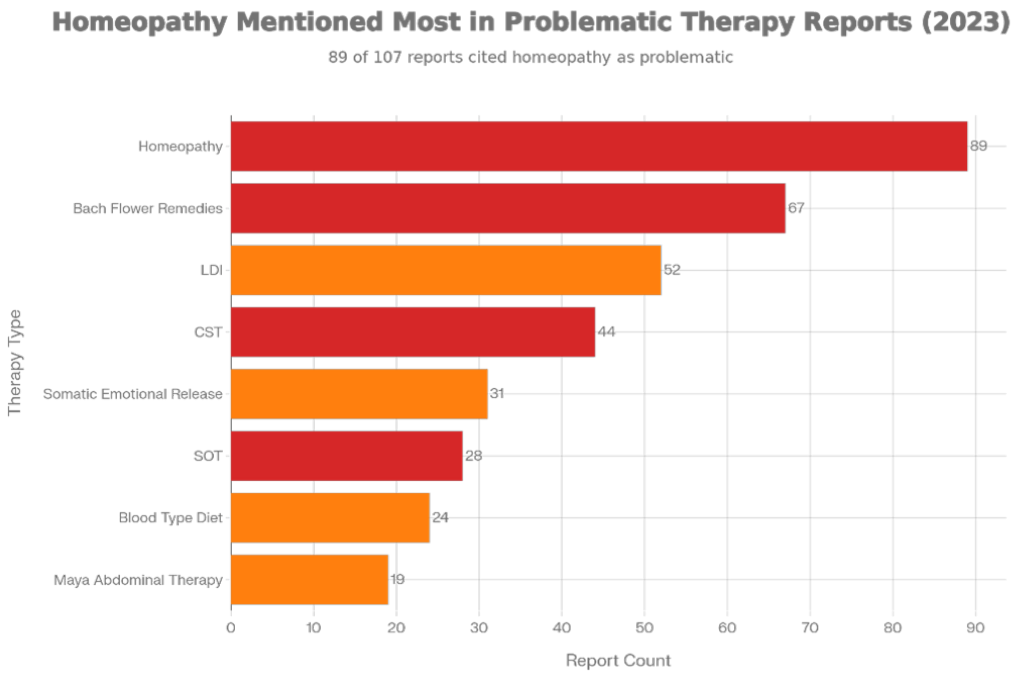
				[e.g. Amendolara et al., 2024]
Somatic Emotional Release	31	29%	Weak	Conflates legitimate trauma therapy with unsupported mechanism claims; 'ancestral baggage' concept not established
Supportive Oligonucleotide Therapy (SOT)	28	26%	Highly Experimental	One small study; no clinical outcome data; costs hundreds-thousands per treatment
Blood Type Diet	24	22%	No Evidence	2014 PLOS One study: benefits independent of blood type; 2013 systematic review found no evidence
Maya Abdominal Therapy	19	18%	Weak	Not in mainstream gynecology guidelines; sparse evidence for infertility/endometriosis claims

Clinical Risk:

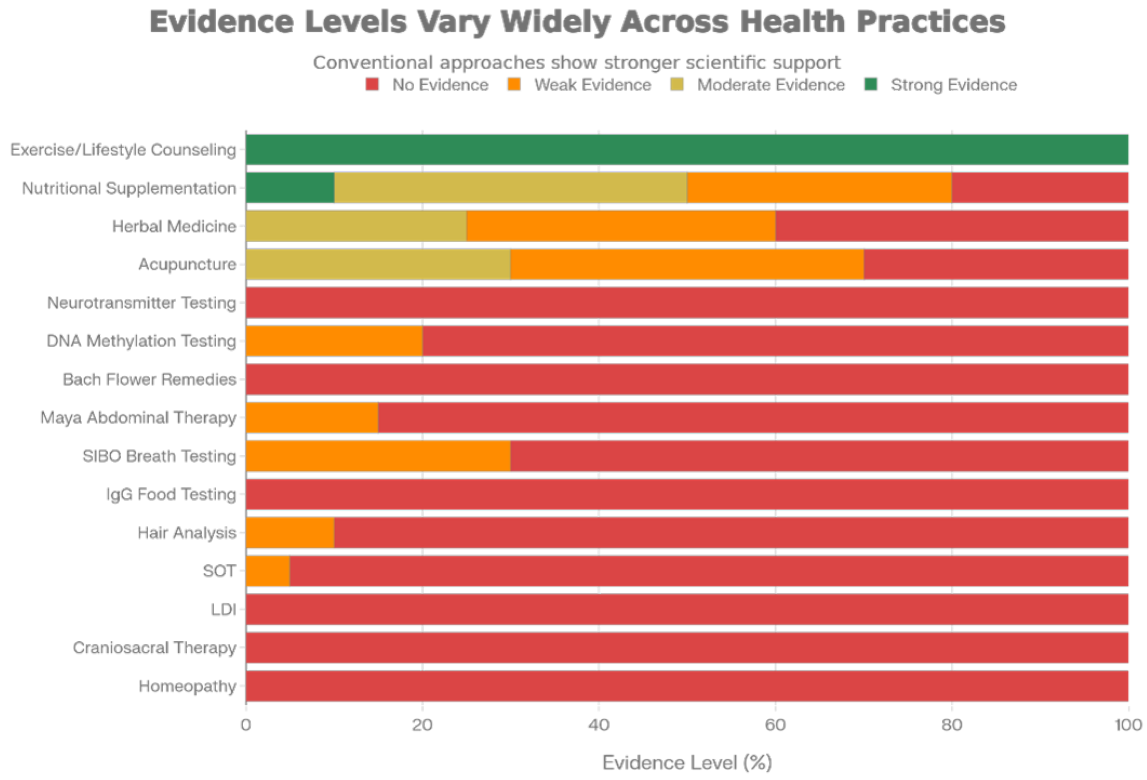
These therapies divert patients from evidence-based treatment and may delay diagnosis of serious underlying conditions.

The combination of being promoted without informed consent creates ethical breach.

[chart ‘homeopathy mentioned most in problematic therapy reports’]



[chart 'evidence levels vary widely across health practices']

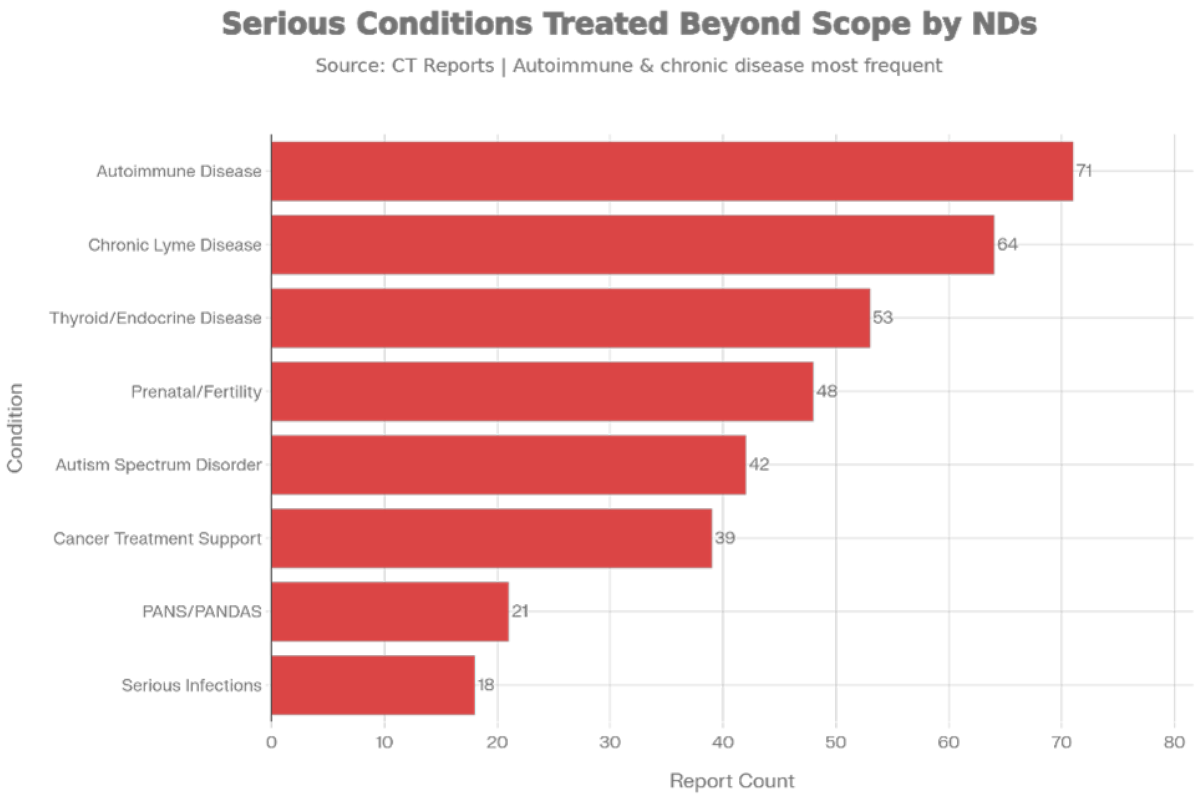


Serious Conditions Treated Beyond Scope

Condition	Report (n=107)	%	Scope Problem	Harm Risk
Autoimmune Disease	71	66%	Requires disease-modifying immunosuppressive therapy; NDs cannot prescribe	HIGH - Disease progression, organ damage
Chronic Lyme Disease	64	60%	Extended unconventional treatments lack evidence; divert from guideline-based care	HIGH - Persistent / worsening infection
Thyroid / Endocrine Disease	53	50%	Requires hormone replacement; NDs cannot prescribe pharmaceuticals	HIGH - Inadequate hormone replacement
Prenatal / Fertility	48	45%	Requires ACOG / AAFP standards; serious complications need OB / GYN	HIGH - Missed pregnancy complications
Autism Spectrum Disorder	42	39%	Requires developmental pediatrics expertise; no evidence naturopathic treatment improves core features	MODERATE - Delayed evidence-based interventions
Cancer Treatment Support	39	36%	Requires oncology coordination; supplements may interact with chemotherapy	HIGH - Reduced chemotherapy adherence
PANS / PANDAS	21	20%	Requires pediatric neurology / psychiatry expertise; emerging condition needing specialist evaluation	MODERATE - Misdiagnosis, missed treatment
Serious Infections	18	17%	Some require antibiotics; naturopathic botanical medicine cannot substitute	HIGH - Persistent / worsening infection

89 reports (83%) document practitioners treating at least one serious condition beyond evidence-based scope.

[chart ‘serious conditions beyond scope’]



Ethical Violations & Professional Standards Breaches

Eight Major Ethical Problems

1. Absence of Informed Consent (103 reports, 96%): No documentation that treatments are experimental. Patients receive unproven modalities (homeopathy, LDI, SOT, craniosacral therapy) without disclosure of evidence-level or comparison to evidence-based alternatives. Cannot make truly informed decisions.

2. Financial Conflicts of Interest (98 reports, 92%): Cash-only fees ($400-500 initial), in-house branded supplements with marked-up pricing, direct sale of high-margin procedures (HBOT, IV infusions, red-light therapy). Strong financial incentive to recommend testing and treatment without separation of diagnostic recommendation from financial benefit.

3. Testimonial-Based Outcomes Without Objective Measures (89 reports, 83%): Marketing emphasizes subjective improvements ('increased energy,' 'better sleep') without defined baselines, objective measurements (biomarkers, imaging), or exclusion of placebo effect and natural disease course. No way to distinguish true therapeutic effect from expectancy effect.

4. Marketing as Primary Care Without Equivalent Training (86 reports, 80%): Describe themselves as 'primary care doctors' or 'primary health care practitioners' despite Connecticut law explicitly prohibiting NDs from serving as primary care [Note: The law does not specifically entitle NDs to the descriptor, instead it is interpreted as a specialist role. Their future ask is to get that specific primary care language into their stated permissions]. Patients believe they are receiving equivalent care to MDs; delay establishing care with board-certified primary providers.

5. Targeting Vulnerable Populations (81 reports, 76%): Marketing specifically to: infertility patients, chronic / incurable disease patients (autoimmune, chronic fatigue, Lyme), cancer patients, parents of children with autism, patients with serious mental health conditions. Vulnerability heightens susceptibility to optimistic but weakly evidenced claims.

6. Specialty Claims Without Board Certification (74 reports, 69%): Position themselves as 'specialists' in neurology, psychiatry, reproductive endocrinology, or oncology without board certification or training equivalency. Patients seek specialized care from practitioners without relevant credentials; serious diagnoses may be missed.

7. Scope Creep & Professional Boundary Violation (79 reports, 74%): Connecticut licensing defines specific scope (diagnosis, manual therapy, natural agents, nutrition, counseling). Practitioners systematically exceed this: offering IV therapy, claiming expertise in conditions requiring specialist credentials, positioning as primary care when scope is adjunctive only.

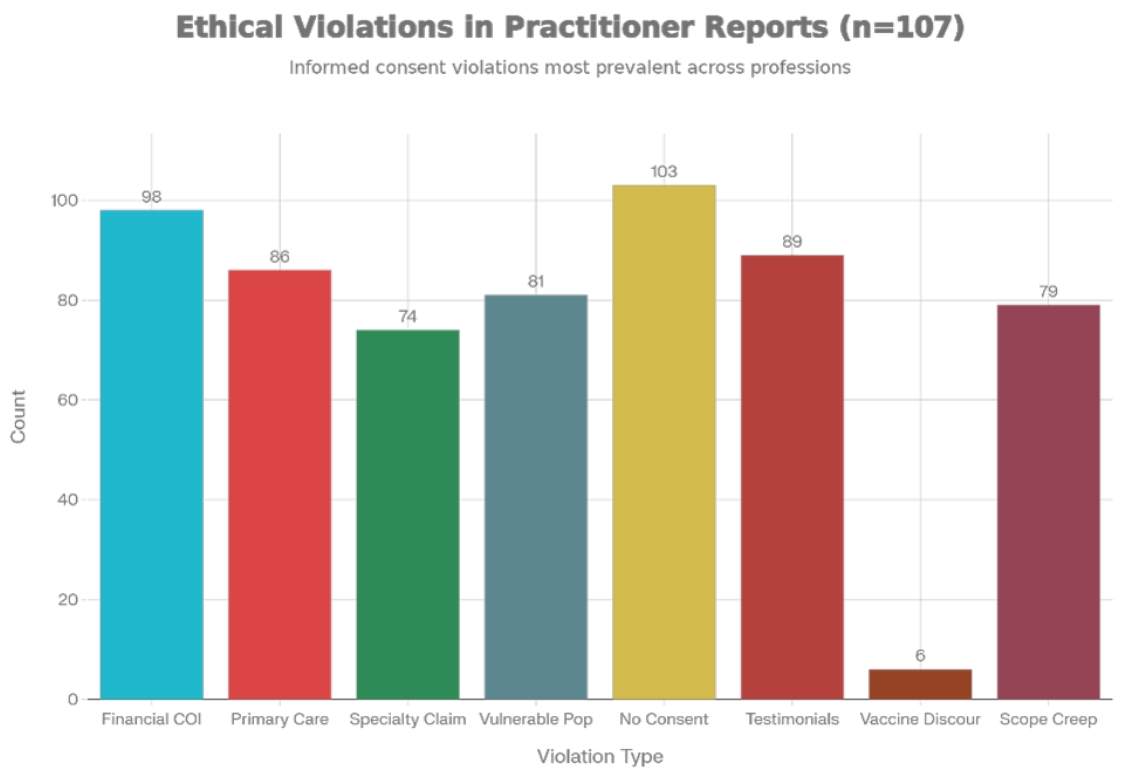
8. Vaccine Discouragement (6 reports, 6%): Discourage influenza vaccination, position it as 'profit-driven,' claim homeopathic nosodes as 'superior' or 'adequate alternative.' Violate duty of accurate risk communication; may increase preventable illness.

<u>Ethical Framework Problem</u>:

- Connecticut's naturopathic licensing is self-regulated (naturopaths control licensing boards, set continuing education standards, define standards of care within profession).

- This structural arrangement creates incentive to approve scope expansion rather than restrict practice and creates conflict of interest in ethical oversight.

[chart ‘ethical violation type’]



Regulatory Framework Analysis

Connecticut's Licensing Context

Strengths of Current Framework

- Requires graduation from CNME-accredited naturopathic medical schools
- Requires passage of NPLEX (objective competency examination)
- Specifies scope of practice in statute (manual therapies, natural agents, nutrition, counseling)
- Continuing education requirement (15 hours/year)

Critical Gaps & Structural Issues

Self-Regulation Conflict of Interest:

Naturopathic practitioners control their own licensing boards, set continuing education standards, define standards of care within profession.

Creates structural incentive to approve/expand scope rather than restrict.

Lack of Independent Oversight

- No prohibition on marketing as 'primary care' despite legal limitation
- 'Alternative labs' (hair analysis, IgG testing) used clinically despite documented invalidity
- No explicit requirement for informed consent about scope limitations vs. MDs
- No explicit red flags requiring referral (new cancer, severe infection, etc.)
- Continuing education may be insufficient for rapid evidence evolution

Accreditation Issues

- CNME itself characterized in medical literature as unreliable, suffering conflicts of interest
- Curriculum includes content antithetical to established science (homeopathy, unvalidated testing)
- NPLEX includes homeopathic remedies for pediatric emergencies

2024 AMA 'Impact Statement' Concerns

The American Medical Association issued a formal statement (2024) raising concerns about Connecticut's naturopathic scope expansion proposals, noting:

- NDs lack training equivalency to MDs / DOs in diagnosis and disease management
- Expanded scope could harm public through delayed evidence-based care
- Self-regulated profession insufficient to ensure patient safety
- Insurance non-coverage of many ND services indicates lack of evidence-based validation

Public Act 14-231 (Effective October 2, 2014)

Connecticut's naturopathic licensing statute defines scope:

- Permitted: Diagnosis, manual therapies, natural agents (herbs, supplements, vitamins, homeopathy), nutrition, counseling, lab testing, phlebotomy
- Prohibited: Pharmaceutical prescribing, medical exemptions, primary care practice, physical examinations

Recommendations for Stakeholders

For Healthcare Regulators (Connecticut Department of Public Health)

1. Issue Guidance Restricting Unvalidated Diagnostic Tests

- Prohibit clinical use of hair analysis, IgG testing, and non-validated functional panels without high-quality evidence
- Require disclosure of sensitivity / specificity and clinical utility for ordered tests
- Establish testing standards aligned with evidence-based medicine

2. Establish Informed Consent Requirements

- Require written consent forms clarifying ND scope vs. MD scope
- Mandate disclosure of experimental status for SOT, LDI, craniosacral therapy, homeopathy
- Require explicit statement: 'This is complementary / alternative medicine, not primary medical care'

Require acknowledgment of evidence level for each treatment

3. Establish Mandatory Referral Criteria

- Require referral to MD for: new cancer diagnosis, severe infection, acute neurological symptoms, pregnancy complications, serious endocrine disease
- Document referral attempts if patient refuses
- Prohibit positioning as sole provider for serious medical conditions

4. Restrict Marketing Claims

- Prohibition on marketing as "primary care provider" or medical specialty without appropriate credentials
- Requirement to specify Connecticut statutory scope limits in all marketing materials
- Prohibition on specialty claims in areas requiring board certification (neurology, psychiatry, oncology, reproductive endocrinology)
- Truth-in-marketing requirements for therapeutic claims

5. Strengthen Continuing Education Standards

- Increase from 15 to 30+ hours / year
- Require evidence-evaluation training and critical appraisal skills
- Include content on recognizing when to refer to evidence-based specialists

- Require training on informed consent and ethical practice standards

6. Address Self-Regulation Conflicts of Interest

- Introduce independent oversight on naturopathic licensing board
- Include MD / DO representation in scope-of-practice decisions
- Separate profit interests from standards-setting
- Establish external review mechanism for marketing compliance

For Naturopathic Practitioners

- Evidence-Based Messaging: Promote only therapies with established efficacy; move away from traditional concepts (vitalism, 'body's healing power,' 'detoxification') lacking scientific basis. Align with modern science.
- Scope Clarity: Accept and publicize limitations; position NDs as complementary to, not replacing, conventional medicine. Establish clear referral criteria to MDs for serious conditions.
- Research Prioritization: Commission rigorous RCTs for promoted modalities; abandon unproven therapies until evidence emerges. Prioritize patient safety over professional financial interests.
- Conflict of Interest Disclosure: Clearly disclose financial relationships to in-house supplements and procedures offered. Use independent laboratories for testing. Separate diagnostic authority from financial benefit.
- Informed Consent Standards: Provide written disclosure of evidence level for each proposed treatment. Document patient understanding of experimental vs. established therapies.

Recommendations for Patients

When Considering Naturopathic Care

1. Ask for Evidence: Request peer-reviewed research specific to your condition. Be skeptical of therapies with only testimonials or small studies. Ask: 'Where is this published in a mainstream medical journal?'

2. Understand Evidence Levels:

- Gold Standard: Large randomized controlled trials in mainstream medical journals
- Modest Evidence: Some RCTs, or meta-analyses showing small effects
- Weak Evidence: Small studies, observational data, or mixed results
- No Evidence: Theoretical only, or trials showing equivalence to placebo

3. Seek Primary Care with Board-Certified Provider for Serious / Complex Conditions: Autoimmune disease, cancer, serious infection, neuropsychiatric conditions, infertility, pregnancy. NDs cannot prescribe medications required for these conditions.

4. Demand Referral Criteria Clarity: Ask your ND: 'What conditions require referral to an MD?' and 'When will you recommend specialist evaluation?' Request written answer.

5. Cost-Benefit Assessment: Weigh high out-of-pocket costs ($400-500+ for initial visit, $300-800+ for testing panels) against proven alternatives. Ask if similar services are available through your MD at lower cost.

6. Avoid Delays in Evidence-Based Diagnosis: Do not delay necessary medical testing (imaging, labs, specialty referral) in favor of naturopathic assessment. For serious conditions, get diagnosis from board-certified specialist first.

7. Get Second Opinions: For serious diagnoses before committing to naturopathic protocols. Ask a board-certified specialist if the naturopathic treatment plan is appropriate for your condition.

8. Verify Credentials: Confirm naturopath graduated from CNME-accredited school and passed NPLEX. Ask about mentors / trainers (some may not be evidence-based) [Ya think?]. Ask specifically about training in your condition of interest.

Red Flags:

- Practitioners who discourage conventional medicine or vaccination
- Claims of 'curing serious chronic diseases
- Refusal to coordinate with your MD
- Extensive testing panels ordered immediately with no baseline
- Promises of 'root cause' removal for multifactorial diseases
- Testimonials instead of objective outcome data
- Resistance to referral for specialist evaluation

Key Takeaway

Naturopathic licensure in Connecticut indicates a practitioner has received naturopathic training and passed an examination – it does NOT indicate that all clinical claims are evidence-based, scope is appropriate, or outcomes are validated.

Treat naturopathic care as complement to, not replacement for, conventional medicine – and seek board-certified specialists for serious medical conditions.

Conclusion

The 107 science and ethics reports reveal a Connecticut naturopathic profession operating along a spectrum from evidence-aligned to explicitly non-evidence-based.

While some practitioners appropriately position naturopathy as complementary wellness support, numerous practitioners systematically misrepresent the evidence base for their claims, order unvalidated diagnostic tests, treat serious conditions beyond demonstrated scope, and create financial conflicts of interest.

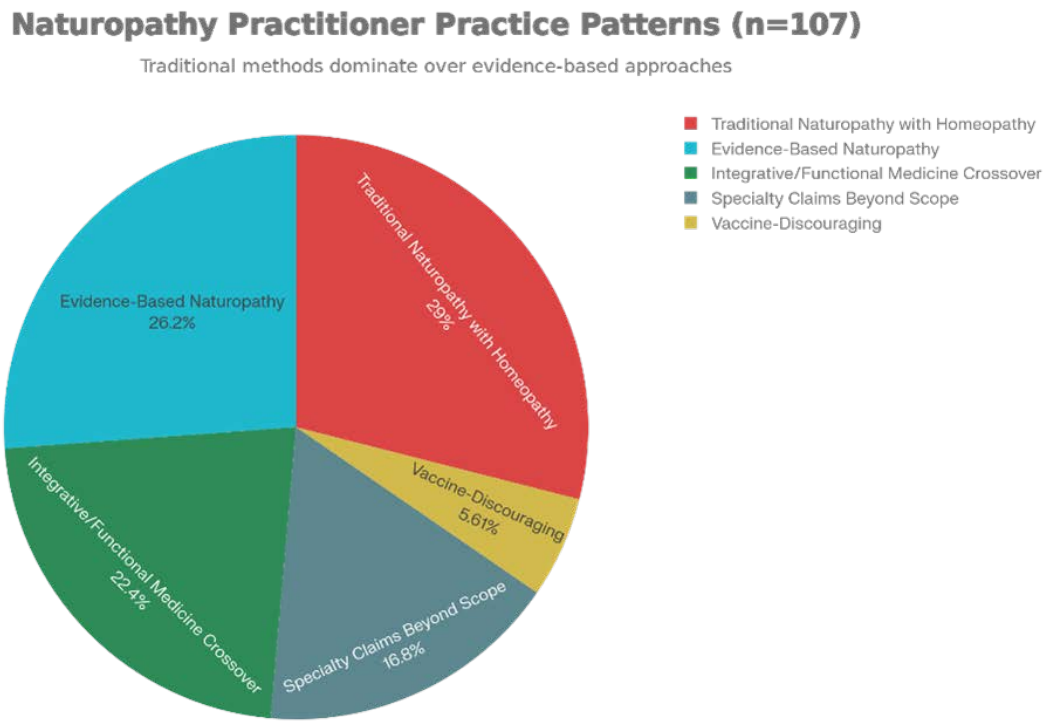
Why Regulatory Framework Gaps Matter

Connecticut's regulatory framework, while establishing minimum educational and examination standards, does not prevent these problematic practices because:

- Regulations are self-enforced by naturopaths themselves
- Scope limitations are not actively policed in marketing materials
- 'Alternative labs' used clinically despite documented invalidity
- Practitioners freely market beyond statutory scope with minimal consequence
- Continuing education standards insufficient to keep pace with evidence evolution
- No independent oversight separating profit interests from standards-setting

Distribution of Practitioners by Risk Profile

[chart ‘naturopathy practitioner practice patterns’]



Practice Pattern	Count	%	Risk Profile
"Evidence-Based" Naturopathy	28	26%	High - Claims evidence while promoting no-evidence modalities
Traditional Naturopathy	31	29%	Moderate - Transparent about alternative approach but uses unvalidated methods
Integrative / Functional Medicine	24	22%	Variable - Mix evidence-based with unvalidated; variable transparency
Specialty Claims Beyond Scope	18	17%	Critical - Serious scope violations; high targeting of vulnerable populations
Vaccine-Discouraging	6	6%	Critical - Public health threat

The Fundamental Problem

Connecticut's naturopathic regulatory system operates under self-regulation with structural conflicts of interest.

Naturopaths control their own licensing boards, set continuing education standards, and define standards of care within the profession.

This creates institutional incentive to approve scope expansion rather than restrict practice and elevates profit motives over patient safety.

Without independent oversight and evidence-based standards enforcement, patients remain vulnerable to:

- Misrepresentation of evidence base for clinical claims
- Inappropriate scope expansion into serious medical conditions
- Unvalidated diagnostic testing with financial conflicts of interest
- Absence of informed consent for experimental therapies
- Targeting of vulnerable populations (infertility, chronic disease, autism)
- Delayed evidence-based diagnosis and treatment

Policy Priority

The most critical regulatory need is independent oversight separating profit interests from standards-setting and enforcing active compliance with marketing restrictions and informed consent requirements.

Self-regulation alone has demonstrated insufficient to protect public safety in this analysis.

Patient Protection Strategy

Until regulatory changes occur, patients seeking naturopathic care should:

- Maintain concurrent care with board-certified primary provider
- Demand peer-reviewed evidence for specific claims
- Understand evidence level limitations
- Avoid delays in evidence-based diagnosis for serious conditions
- Get specialist referrals for complex conditions
- Be aware of financial conflicts of interest in recommendations

- Request written informed consent about experimental status of treatments

Report completed January 10, 2026.

Analysis of 107 individual science and ethics reports evaluating Connecticut-licensed naturopathic practitioners.

All practitioners and practices anonymized.

Analysis focused on systematic patterns and findings aggregated by category.”